

State of New Mexico

Voucher Batch Report  
 BusinessUnit 66500 Department of Health  
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD  
 AsOfDate 12/27/2012  
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount  
 Number Line Line# Description Year Month

00320184 1 I/S Meals & Lodging 1 542200 Employee I/S Meals & L 06101 ADAMS RICH-001 2013 12 0000096500 Adams, R. 12.17- 435.00  
 Total For Voucher 435.00

6000224287 01/02/13

CD

## Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500  
Voucher ID: 00320184  
Voucher Style: Regular

Invoice Number: Adams, R. 12.17-12.20.12  
Invoice Date: 12/21/2012  
Total: 435.00

Vendor: ADAMS, RICHARD B  
RUIDOSO PUBLIC HEALTH OFFICE  
RUIDOSO, NM 88345

\*Pay Terms: Pay Now ☐ Schedule Payments

Saved

## Payment Information

Find | View All | First  1 of 1  Last  

Scheduled Payment: 1

\*Remit to: 0000097303 Location: 001 \*Address: 1 

Gross Amount: 435.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 12/21/2012 

Net Due: 12/21/2012

Discount Due:


Accounting Date:

ADAMS, RICHARD B  
RUIDOSO PUBLIC HEALTH OFFICE  
103 KANSAS CITY RD  
RUIDOSO, NM 88345

## Payment Method

\*Bank: WFB10

\*Account: B Pay Group: RE

\*Method: ACH ACH \*Netting: N Message:  Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 12.17-12.20.12  
Voucher ID: 00320184 Invoice Date: 12/21/2012  
Voucher Style: Regular Total: 435.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher  
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

\*Accounting Template: STANDARD Account At: Gross

Match Action

\*Status: Ready  
☐ Pay Unmatched Voucher

Transaction Currency

\*Source: Tables \*Currency: USD Rate Type: CRFNT Exchange Rate: 1.00000000

Voucher Approval

\*Approval: Specify at this Level Business Process: PROCESS\_VOUCHERS  
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

DEPARTMENT OF HEALTH

PAGE	1	DATE	12/21/2012
AGENCY		VOUCHER NUMBER	00330184
CODE	66500		

[illegible]

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

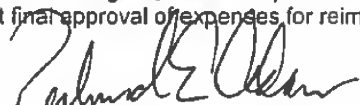
<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.				
	Course Name:	Meeting with Staff in Santa Fe			
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request:	12/14/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	12/17/12	Time:	06:00 AM	Return Date: (month/day/yr)	12/21/12 Time: 06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

  
 Employee Signature

12/12/12  
 Date

Supervisor/Bureau Chief Signature

Date

Division Director/Hospital Administrator  
 (As per specific division requirements)

Date

  
 Cabinet Secretary Signature

(To be obtained for Division Directors' requests and  
 when Division Directors are not available to sign approval.)

12/27/12  
 Date